

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE TENNESSEE
LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL
CARE AND SERVICES PROVIDED

5. Effective July 1, 1991, a prior approval system for drugs requiring prior authorization will comply with Section 1927 of the Act.
6. Participating pharmaceutical manufacturers will be furnished drug rebate utilization data and allowed to audit this data as set forth and according to HCFA guidelines pursuant to the Act.
7. As provided by the Act, new drugs manufactured by companies which have entered into rebate agreements will be covered without the need for prior approval, unless the drug is subject to the exclusion categories provided by the Act. Prior approval will not be imposed on a new drug from a manufacturer which has signed a rebate agreement for a period of at least six months after final approval by the Food and Drug Administration and notification by the manufacturer of a new drug.
8. Only those non-legend drugs listed in Supplement A., which are manufactured by companies which have entered into rebate agreements, will be provided.
9. Prescriptions and/or refills limited to seven (7) per month.
10. As specified in Section 1927 (b) (3) (D) of the Act, notwithstanding any other provision of law, information disclosed by manufacturers shall not be disclosed by the State in a form which discloses the identity of a specific manufacturer or prices charged for drugs by such manufacturer, except as the Secretary determines to be necessary and/or to permit the Comptroller General to review the information provided.
11. Separate agreements between the State and the manufacturers require HCFA approval. The State must agree to report rebates from separate agreements.
12. Effective January 1, 1991, the State may not reduce the limits for covered outpatient drugs or dispensing fees for such drugs.

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12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

12.a. Prescribed drugs

- (1) Prescription outpatient drugs, as specified in Supplement A, of any manufacturer which has entered into and complies with an agreement under section 1927(a) of the Social Security Act will be a covered benefit when prescribed by an authorized licensed prescriber, unless coverage is excluded or otherwise restricted in accordance with the following:
 - (a) As provided by section 1927(d) of the Social Security Act, hereinafter referred to as the Act, the following drugs or classes of drugs or their medical uses are excluded from coverage or otherwise restricted:
agents when used for anorexia or weight control,
agents when used to promote fertility, agents when used for cosmetic purposes or hair growth, agents when used for the symptomatic relief of coughs and colds, agents when used to promote smoking cessation, nonprescription drugs, covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests and monitoring services be purchased exclusively from the manufacturer or its designee, barbiturates, benzodiazepines, and drugs described in section 107(c)(3) of the Drug Amendments of 1962 and identical, similar, or related drugs.
- (2) No payment will be made for an innovator multiple source drug if, under applicable State law, a less expensive multiple source drug could have been dispensed, but only to the extent that such amount exceeds the upper payment limit for such multiple source drug.
- (3) A prior approval system for drugs requiring prior authorization will comply with section 1927 of the Act.

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- (4) Participating pharmaceutical manufacturers will be furnished drug rebate utilization data and allowed to audit this data as set forth and according to HCFA guidelines pursuant to this Act.
- (5) As provided by the Act, a new drug manufactured by a company which has entered into a rebate agreement shall be covered subject to prior approval, unless the drug is subject to the exclusion categories provided by the Act.
- (6) As specified in section 1927(b)(3)(D) of the Act, notwithstanding any other provision of law, information disclosed by manufacturers shall not be disclosed by the State in a form which discloses the identity of a specific manufacturer or prices charged for drugs by such manufacturers, except as the Secretary determines to be necessary and/or to permit the Comptroller General to review the information provided.
- (7) Separate agreements between the State and the manufacturers require HCFA approval. The State must agree to report rebates from separate agreements.

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SUPPLEMENT A

I. ANTIANXIETY AGENTS

Generic Name

Alprazolam
Buspirone
Clorazepate dipotassium
Chlordiazepoxide
Chlormezanone
Diazepam
Doxepin HCl
Halazepam
Lorazepam
Meprobamate
Oxazepam
Prazepam

II. ANTICONVULSANTS

Generic Name

Carbamazepine
Clonazepam
Divalproex sodium
Valproate sodium
Valproic acid

III. ANTIDEPRESSANTS

Generic Name

Amitriptyline HCl
Amitriptyline HCl and perphenazine
Amoxapine
Benactyzine HCl and meprobamate
Bupropion HCl
Chlordiazepoxide and amitriptyline HCl
Clomipramine HCl
Desipramine HCl
Doxepin HCl
Citalopram
Fluvoxamine maleate
Fluoxetine HCl
Imipramine HCl
Imipramine pamoate

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LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL
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(continued)

III. ANTIDEPRESSANTS

Generic Name

Maprotiline HCl
 Mirtazapine
 Nefazodone HCl
 Nortriptyline HCl
 Paroxetine HCl
 Phenelzine
 Protriptyline HCl
 Sertraline HCl
 Tranylcypromine
 Trazodone HCl
 Trimipramine maleate
 Venlafaxine

IV. ANTIMANIC AGENTS

Generic Name

Lithium products (e.g, lithium carbonate and lithium citrate)

V. ANTIPARKINSON AGENTS

Generic Name

Benztropine mesylate
 Trihexyphenidyl HCl

VI. ANTIPSYCHOTICS

Generic Name

Acetophenezine maleate
 Chlorpromazine HCl
 Chlorprothixene
 Clozapine
 Fluphenazine HCl
 Fluphenazine decanoate
 Fluphenazine enanthate
 Haloperidol
 Haloperidol decanoate
 Haloperidol lactate
 Loxapine HCl
 Loxapine succinate

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(continued)

VI. ANTIPSYCHOTICS

Generic Name

Mesoridazine besylate
Molindone HCl
Olanzapine
Perphenazine
Pimozide
Promazine HCl
Quetiapine fumarate
Risperidone
Thioridazine
Thiothixene
Trifluoperazine HCl
Triflupromazine HCl

VII. SEDATIVE-HYPNOTICS

Generic Name

Acetylcarbromal
Amobarbital sodium
Amobarbital sodium and secobarbital sodium
Aprobarbital
Butabarbital Sodium
Chloral hydrate
Estazolam
Ethchlorvynol
Ethinamate
Flurazepam HCl
Gluthethimide
Mephobarbital
Methypylon
Paraldehyde
Pentobarbital sodium
Phenobarbital
Quazepam
Secobarbital sodium
Temazepam
Triazolam
Zolpidem tartrate

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SUPPLEMENT A
(continued)

VIII. STIMULANTS

Generic Name

Amphetamine and dextroamphetamine
Dextroamphetamine
Methamphetamine
Methylphenidate HCl
Pemoline

IX. SUBSTANCE ABUSE DRUGS

Generic Name

Disulfiram
Methadone HCl
Naltrexone HCl

This list of outpatient drugs is representative and not meant to be all-inclusive. It is the intention of the state to cover all appropriate drugs used to treat the symptoms of behavioral disorders or conditions.

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- 1) individual therapy treatment by individual interview including psychotherapy, relationship therapy, insight therapy, psychoanalysis, and counseling;
- 2) group therapy treatment through the use of group interactions including group psychotherapy, group psychoanalysis, therapy with groups of families or married couples or similar services;
- 3) family therapy applied to a family as a unit, where significant members of the family are seen together;
- 4) couple therapy through planned therapeutic sessions involving two people in a marital relationship who are seen together as a unit;
- 5) medication maintenance treatment through individual interview and through the use of psychotropic drugs, including prescribing medication and monitoring the patient's condition and progress;
- 6) psychological evaluation and testing through evaluation of cognitive processes and emotions and problems of adjustments in individuals or in groups, through interpretations of tests of mental abilities, aptitudes, interests, attitudes, emotions, motivation and personality characteristics, including the interpretation of psychological tests of individuals;
- 7) psychiatric evaluation using the psychodiagnostic process, including a medical history and mental status, which notes the attitudes, behavior, estimate of intellectual functioning, memory functioning, orientation and an inventory of the patient's assets in a descriptive (but not an interpretative) fashion, impressions, and recommendations;
- 8) symptom management services aimed exclusively at medical treatment which includes ongoing monitoring of the patient's mental illness symptoms and response to treatment interventions to help the patient manage his/her symptoms, assistance with medication compliance and the understanding of the effects of medication, introduction of the patient to symptom management techniques to alleviate symptoms not reduced by medication, assisting the patient in developing coping skills, and consultation with family, legal guardian, and/or significant others to promote understanding and management of the patient's mental illness; and

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- 9) crisis intervention services using short term, intensive services, including crisis oriented counseling, support, and medication, aimed at stabilizing individuals experiencing a psychiatric crisis in order to assist them to return to their pre-crisis level of functioning, and services to assist individuals and members of their natural support systems to resolve situations that may have precipitated or contributed to the crisis.

Service providers will be offering a comprehensive array of mental health services to eligible individuals throughout the state of Tennessee and will be offering them in the most appropriate settings possible (for example, their homes). All services to an individual are provided as directed in an individualized treatment program by a physician or other licensed practitioner of the healing arts within the scope of his/her practice under state law. The treatment plan also directs the duration and scope of services to be provided in order to achieve the goals and objectives of the plan. Therefore, it can be assured that each service to be offered under the rehabilitation services option will be sufficient in amount, duration, and scope to reasonably achieve its purpose.

Provision of services where the family is involved will be directed to meeting the identified client's treatment needs. Services provided to non-Medicaid eligible family members independent of meeting the identified client's treatment needs are not covered by Medicaid.

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14. Services for individuals age 65 or older in institutions for mental diseases.

14.b. Nursing facility services.

Nursing facility services for individuals age 65 or older will be provided at Level I or Level II Care. Medicaid will apply medical criteria for admission and continued stay at the level of care designated and approved by the Tennessee Medicaid program.

The recipient on Level I Care must require on a daily basis, 24 hours a day, licensed nursing services which as a practical matter can only be provided on an inpatient basis.

The recipient on Level II Care must require on a daily basis, 24 hours a day, skilled/complex nursing or skilled/complex rehabilitative services which as a practical matter can only be provided on an inpatient basis.

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